

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         | HN       | 1001   | 2/1  |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

### INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 — (Through numeral) Canceled  
 : Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

| Claim | Date     | Claim | Date     | Claim | Date     |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
| 1     |          | 1     |          | 101   |          |
| 2     |          | 2     |          | 102   |          |
| 3     |          | 3     |          | 103   |          |
| 4     |          | 4     |          | 104   |          |
| 5     |          | 5     |          | 105   |          |
| 6     |          | 6     |          | 106   |          |
| 7     |          | 7     |          | 107   |          |
| 8     |          | 8     |          | 108   |          |
| 9     |          | 9     |          | 109   |          |
| 10    |          | 10    |          | 110   |          |
| 11    |          | 11    |          | 111   |          |
| 12    |          | 12    |          | 112   |          |
| 13    |          | 13    |          | 113   |          |
| 14    |          | 14    |          | 114   |          |
| 15    |          | 15    |          | 115   |          |
| 16    |          | 16    |          | 116   |          |
| 17    |          | 17    |          | 117   |          |
| 18    |          | 18    |          | 118   |          |
| 19    |          | 19    |          | 119   |          |
| 20    |          | 20    |          | 120   |          |
| 21    |          | 21    |          | 121   |          |
| 22    |          | 22    |          | 122   |          |
| 23    |          | 23    |          | 123   |          |
| 24    |          | 24    |          | 124   |          |
| 25    |          | 25    |          | 125   |          |
| 26    |          | 26    |          | 126   |          |
| 27    |          | 27    |          | 127   |          |
| 28    |          | 28    |          | 128   |          |
| 29    |          | 29    |          | 129   |          |
| 30    |          | 30    |          | 130   |          |
| 31    |          | 31    |          | 131   |          |
| 32    |          | 32    |          | 132   |          |
| 33    |          | 33    |          | 133   |          |
| 34    |          | 34    |          | 134   |          |
| 35    |          | 35    |          | 135   |          |
| 36    |          | 36    |          | 136   |          |
| 37    |          | 37    |          | 137   |          |
| 38    |          | 38    |          | 138   |          |
| 39    |          | 39    |          | 139   |          |
| 40    |          | 40    |          | 140   |          |
| 41    |          | 41    |          | 141   |          |
| 42    |          | 42    |          | 142   |          |
| 43    |          | 43    |          | 143   |          |
| 44    |          | 44    |          | 144   |          |
| 45    |          | 45    |          | 145   |          |
| 46    |          | 46    |          | 146   |          |
| 47    |          | 47    |          | 147   |          |
| 48    |          | 48    |          | 148   |          |
| 49    |          | 49    |          | 149   |          |
| 50    |          | 50    |          | 150   |          |

If more than 150 claims or 10 actions  
staple additional sheet here

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